

Case Number:	CM13-0023752		
Date Assigned:	06/06/2014	Date of Injury:	07/06/2013
Decision Date:	07/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old female server sustained an industrial injury on 7/6/13. Injury occurred when a chair she was lifting got caught on the carpet, and she fell forward over the chair. The 8/1/13 orthopedic report cited back, right knee, left shoulder and wrist pain, and intermittent headaches. Neck and shoulder exam findings were within normal limits but for pain on the left side with range of motion testing, left shoulder tenderness, and 4/5 left deltoid and rotator weakness. Upper and lower back exam documented guarding and protective movements, thoracolumbar tenderness and spasms, moderate to marked loss of lumbar range of motion, positive straight leg raise, inability to heel/toe walk, and normal lower extremity sensation and strength. Right knee exam documented positive synovitis, 3/4 medial joint line tenderness, 1+/- lateral joint line and patellar tenderness, range of motion 0-100 degrees with pain, positive Spring and McMurray's tests, and 4/5 strength. The diagnosis was right knee medial meniscus tear, left shoulder sprain/strain, and lumbar sprain/strain. The treatment plan recommended imaging, physical therapy combining pool and land therapy 3x6, TENS unit, and medications. The 8/7/13 lumbar MRI documented L4/5 disc protrusion with right nerve root compromise. The 8/7/13 left shoulder MRI documented partial intrasubstance supraspinatus tear and bicipital tenosynovitis. The 8/7/13 right knee MRI documented joint effusion, popliteal cyst, bipartite type 2 patella, and chondromalacia patella. Records indicated that the patient had been authorized for 18 land-based physical therapy visits. The 8/13/13 utilization review denied the request for 18 aquatic therapy visits based no progress reports from the 18 initially certified visits of land-based physical therapy evidencing efficacy and residual significant functional deficits to support additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

18 AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE LEFT SHOULDER AND RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 212, 308, 338.

Decision rationale: The California MTUS ACOEM guidelines for initial low back and knee complaints support therapeutic exercise for shoulder and back complaints, and home exercise instruction for low back complaints. The ACOEM revised low back guidelines limit physical medicine to 12 visits. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Aquatic therapy is recommended as an alternative to land-based physical therapy. Guideline criteria have not been met. Eighteen visits of land-based physical therapy have been approved and records indicate the patient is attending therapy. There are no documented functional treatment goals or evidence of functional benefit with treatment to date. There is no compelling reason to support the medical necessity of aquatic therapy in addition to land-based therapy, or treatment in excess of guideline recommendations. Therefore, this request for 18 aquatic therapy visits for the lumbar spine left shoulder and right knee is not medically necessary.